EALTH D

09686

Reg. Dist. No. 290

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF MATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town) How long in sove place of dealh?	City or town. (If outside city or town limits, write RURAL and give nearest town) Sireel No
How Live in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Marry 1	MEDICAL CERTIFICATION 20, DATE OF DEATH. Settles 20 19 18 21
6.(b) Name of husband or wife loads 6. Ordinains 6.(c) 11 alive, give age 68. years 7. Birth date of deceased (mo., day, yr.) Left. 5, 1877.	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from 3 13 18 47 10 7 20 19 4 and that I last saw h
8. AGE: Years Months Days It less than one day	Bue 10.
10. Usual occupation	Due to.
12. Name The Difference 213. Bythpiace 231.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name. Adamie Misser 15. Birthplace Ass.	Major findings of operations. C. C. J. Ctorce el
16. informant. Ouris Othinan	Autopsy results
17. (Burial, cremation, or remove). Which?) Cemelery or cremetry.	Accident, suicide, or homicide
Location Button Prince Cand	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Fymeral director. Address Texton - Heavy Conf. 19. (Date red d by registrar) 19. (Date red d by registrar)	23. SIGNATURE 200 Fall M. D. or other Address Saston Oate signed

GIN RESERVED FOR BINDING

9-45-15M

WRITE

PLEASE

/S A15

OCT 4 1948

BUREAU V. S.

correct age

4.

VS A15

(Date reg'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09687

CERTIFICAT	E OF DEATH Rog. Dist. No. 290
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mr Roma Beck	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Widowed 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs	Immediato causo ut death Personal Duration Photo Due to Throndo photo photo placeboth grass
9. Birthplace	Due to. Other conditions Clearly chromic maps
13. Birthplace Danschestes Chents 14. Malden name	(Incinde pregnancy within 3 months of death) (Incinde pregnancy within 3 months of death) Major findings of operations Type Troplice of prestat Autopsy results.
16. Informant Address 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Perland Williams Address Service Programme 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURES 24. Opporer Resolution Resolu



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State. Maryland County Talbot City or town Easton, RFD #4 (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If yeleran, name war	
3.(a) FULL NAME EDGAR H. BURNS	3.(b) Social Security Number None	
4. Sex Male S. Color or race White Married Widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 24 14:00 13	
6.(b) Name of husband or wife Sadie B. Burns 6.(c) If allve, give age 65 years 7. Birth date of deceased (mo., day, yr.) September 6, 1883	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 7. 10. 19. 7. 10. 19. 7. 19. 19. 7. 19.	
8. AGE: Years Months Days If less than one day 65 0 18		
9. Birthplace St. Michaels, Maryland (Town, county, and state) 10. Usual occupation Merchant 11. Industry or business	Due to	
James F. Burns 12. Name St. Michaels, Md.	Other conditions	
14. Malden name Olivia Harrison 15. Birthplace St. Michaels, Md.	Major findings of operations. Date of op	
16. Informant Mrs. Edgar H. Burns Address Easton, RFD #4, Md.	Actorsy results	
Burial Date thereof Sept. 27, 19 (Burial, cremation, or removal, Which?) Cemetery or crematory Olivet Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
St. Michaels, Md.	Injured at home, farm, Industry, pub ¹¹ C place (where?)	
18. Funeral director Newnam & Harrison	Meens of Injury Injured at work?	
Address St. Michaels, Md. 19. Outs Tec'd by registrar) 19. Registra	23. SIGNATURE / Kung Pa Harrison M. D. or other Address Carbon Many land Date signed a 6 sufty	

BINDING FOR RESERVED MARGIN information carefully. The correct of death clearly and legibly.

A15 SA

SEP 28 1948

MUREAU V. S

2411 N. Charles St., Battimore

09689

CER	TIFICATE OF DEATH Reg. Dist. No. 116
1. PLACE OF DEATH: County Talbot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town near Frappe (If outside city or town limits, write RURAL and give n	Maryland Dorchester
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 108 Cemetary Ave. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Phillip Burgoyne (INfant) Cannon none
4. Sex 5. Color of race 6.(a) Single, married, widowed, white single	MEDICAL CERTIFICATION 2D. DATE OF DEATH. SEPT. 6 19.48 21 6:30 9
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from VEDT. 6. 19 45 years and that I last saw h. I.T. alive on
8. AGE: Years Monihs Days It less than one O O Ghrs.	day Immediate cause of death ERYTHRODLASTOSIS FETALIS BIRTH
9. Birthplace Cambridge, Dore, Mde (Town, county, and state) 10. Usual occupation	Due to
14. Maiden name. Virginia Morean Hurlock, Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Phillip L. Cannon Cambridge, Md.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof 9/7/2 (Burial, cremation, or geneval, Which?) Cemetery or crematory	22. VIOLENCE: It death was due to externat causes, fill in the following: Accident, suicide, or homicide
Location Cambridge, Md. Le Compte uneral Ser 18. Funeral director Cambridge, Md.	
18. 9-9 19. 18 John Mace.	fr. 23. SIGNATURE 23. SIGNATURE M. D. STOCKER AND Bate Signed 17/18

VITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE



SEP 10 1948

BUREAU Y. S.

PLEASE WRITE PLAINLY,

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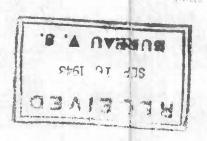
MARYLAND STATE DEPARTMENT OF HEALTH

11	N.	Charles	St.,	Baltimore	

CERTIFICATE OF DEATH

09690 Reg. Diat. No. 2 40

1. PLACE OF DEATH: of all to to	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City pliswn Cuppers Villa Raston R!)	State Managhand County Line 18
(Proutside city or town limits, write NUNAL and give nearest town)	City or town. Coppersville
How long in above place of death?	City or town
nuspries, institution, of street address where desired	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Peter Copper	noul
4. Sex 5. Color or race 6.(a) Single/married, widowed, or divorced	MEDICAL CERTIFICATION
m cald Widowed	20. DATE OF DEATH Sept 9 19.48 21 10:46 P.
The Comment	21. I CERTIFY that death occurred on the date above stated; that ()attended deceased from
6,(b) Name of husband or wife	Sept 9 1948 10 Sept 9 1946
7. Birth date of	and that I last saw has a live on S. J. J. 9 19 45
deceased (mo., day, yr.)	Immodiate cause al death OURATION
8. AGE: Years Months Days If less than one day	GOP: Cloud Death
70hrsmin.	forta pright Kirke 10 hours
talket on marches de	Due to
9. Sirthplace (Town, eounty, and state)	UUE TO
10. Usual occupation	Samo Ba What
11, Industry or business	Due to
	Piles conditions
	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Pancy Ofvuets	Major fiedings of operations
15. Birthplace Jalbot Co.	Date of op.
16, Interment Earl of Capper (Son)	Actorsy results
100/ 2/	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cappersville on i.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burist, cremation, or removal, Which?) (Burist, cremation, or removal, Which?)	Accident, suicide, or homicide
Canalana and set (a	Where did injury occur? African (City or town) (County) (State)
Cemetery or crematory	
Location State Control	tnjured at home, farm, Industry, public place (where?)
18. Funeral director 1917 1910	Meens of Injury MASS RACE Injured at work?
Address 310 Berte Str. Estal Mal	Halland T mill
9/2 400 20 100	23. SIGNATURE
19	Address The Me . Date signed 9/9 / Af



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MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH & Palmed 19691 CERTIFICATE OF DEATH

ACE OF DEATH: Talby +	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	7 11 6
town (If qualide city or town limits, write RURAL and give nearest to	State Maryland County 14/DoT
	(If outside city or town limits, write RURAL and give nearest town)
al, Institution or street address where death occurred:	Street No. Matt hews town Rd.
memorial Hospital	(If rural, give LOCATION)
ong hospital or institution?	2.(a) If veteran, name war
FULL NAME TTYS. Adriana	De Rooy 3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
= W married	20. DATE OF DEATH. 9- 20 19.48 at 12.9
Name of husband or wife M. C. J. de Trooy	21. I CERTIFY that death occurred on the date above stated; that altended deceased from
5.(c) If allve, give age. 5.(d)	years 9 13 19 4 8 to 7 19 19 19
h date of eased (mo., day, yr.)	and that I last saw h
GE: Years Month's Days If less than one day	mediate gause of death Carrinsma of 4-5ml
5hrs.	min.
Lolland	That was unknown
(Town, county, and atgle)	
sual occupation. Insertal	Due to
ustry or business	
Name Au UM Vary-ver By	Other conditions
3. Birthplace Hollens	(Include pregnancy within 3 months of death)
4. Maiden name Hendricka Booul	Q_{n} $+$ $+$ $+$ $ +$ $+$ $-$
5. Birtholiae Holland	Major findings of operations
Man 1 L de Proves	Adopy results Pregnary origin not determine
formant	PHYSICIAN: Please har ran the cased to Which death should be charged statistically.
dress laster 12	22. VIOLENCE: If death was due to external causes, fill in the following:
urial, cremation, or removal, Which?)	vear) Accident, suicide, or homicide
netery or crematory	Whera did injury occur?
ation Zantan nada	Injured at home, farm, Industry, public place (where?)
uneral director Fichia Clark HMB.	Msans of Injury injured at work?
- CZ + Mak	gland Il man
dress aslow my	Id to It. I'm
al mon	23. SIGNATURE M. D. or other

OCT 16 1948

BUREAU Y. S.

(Date ec'd by registrar)

19.48

Ü	Evidence	for	change	of	MARYLAI
n	age shown	n on			

ND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09692

age shown on: 8 1948 CERTIFICATE OF DEATH

290

I DIM NO. G III/OUI	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Caucity City or town. (If outside city or town limits, write RURAL and live nearest town) Street No. (If rural, give LOCATION) 2.(a) If reteran, name war.
3. (a) FUL NAME Solution Sol	3. (b) Social Security Number
Male Poloced married 6.(b) Namo of husband or wife Publice a Unild 7. Right data of Section 1. Se	20. DATE OF DEATH. 2 20. I CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19
8. AGE: Years Months Days if less than one day 9. Birthplace	Due 10. Other conditions (Include pregnancy within 3 months of death)
16. Informant. Achieve Ching	(Include pregnancy within 3 months of death) Major findings of operations
Address (MAS) 17(Burrial, eremation, or remayor), (Which?) Cemotory or crematory(May) (May) (M	22. VIOLENCE: If death was due to external causes, till in the toilowing; Accident, suicide, or homicide
19 9/26 19 48 N. A. Merrie	23. SIGNATURE 6-1: Survey Key M. D. or other

x . . . OCT 4 1965

BUREAU V. S.

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

84 Farican 09693

Reg. Diat. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	1.
County 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State May Canol county Caroles	i
(if outside gity or town limits, write RURAL and give neurest town)	marilele	***************************************
How long in above place of dealing 9-17-47 to 9-20-47 41-4579	(If outside ity or town limits, write RURAL and give	nearest town)
Hospita Institution, or street address where death occurred:	Street No.	
The same of the sa	(if turnl, give LOCATION)	
Howling In hospital or Institution? 9 days	2.(a) If veteran, name war	
ms Clan Belle Holden	3. (b) Social Securi	ty Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Famale White married	20. DATE DE DEATH. 20 Suft 19 4.	8 .14.45 P
6.(b) Name of husband or wife Name Holden	21. I CERTIFY that death occurred on the date above stated: that I attended d	egeased from
	17 Left 19 48 10 20	
7. Sirth date of 1/2 / 1	and that I last saw h a alive, on 20 /20/	13. 49
deceased (mo., day, yr.) // accu + 1994	Immediate cause of death Meuria	DURATION
8. AUL:		awks
4 4 mln.		
9. Birtholace Carolene County	Due 10. arturd las us flus as electer	
(Town, county, and state)	nephrosolerosis	*****
10. Usual occupation	Due to	
11. Industry or business		*****
# 12. Name Ques Christopher	Diher conditions	
13. Birthplace Thanks	(Include pregnancy within 3 months of death)	
14. Maiden name Sya Cummentage		
14. Maiden name Eva Cummings 15. Birthplag new York	Major findings of operations	
≥1 15. Birthplace	.Date of op	
16. Intermant	Autopsy results	red statistically.
Address Marydel Ha		
17. Bure 1 Date thereof 9/22/48	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
17 Date thereof	Notice and the second of the s	
Cemetery or crematory	Where did Injury occur?	(State)
Location Chanolygial poll	Injured at home, farm, Industry, public place (where?)	
SPP.	Maans of Injury Injured at work?	
18. Funeral director	0/0/	1.0
Address Carrely Till	23. SIGNATURE hues for Haus an	· · · .
1, 9/20 , 48 n.H. Merin	to the hamles !	D. or other Aldy



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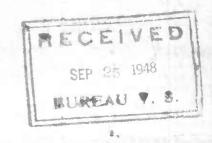
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09694 Rog. Diat. No. 290

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED (Fornewborn infants give residence of mother) State Couoty City or town (Foundation of the county o
3. (a) FULL NAME	3. (b) Social Security Number
Min Cores Saddher.	
4. Sex 5. Color or the 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of	2 7 19 10 10 18 18 and that I last saw h day alive on 13 17 18 19 19
8. AGE: Years Months Days It less than one day 7.3 2 5	Immediate cause of death DURATION Survive Newscool Due to.
10. Usual occupation	Due to.
12. Name William Sq. Adler 13. Birthplace Manyland -1	Other conditions Fract: High 22 Augus 8.
14. Malden name Mary Caller 15. Birthpiaco Maryland	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. 2 8 Az 4 8
16. Informant Mand Saddley Address & Jacourello Ma	Autopsy results
17. Bull Date thereot 9/15/48 (Burial, cremation, or removal. Works?)	22. VIOLENCE: If dealh was due to external causes, till in the following: Accident, suicide, or homicide
Location Cartherfle md	Injured al home, farm, Industry, public place (where?)
18. Funeral director 1 Section 1300	Mssns of Injury Jall ("13 15". Injured at work?
Address Centrevelle. Maryland	23. SIGNATURE 10 - Lemma Wells
19. (Date rec'd by registrar) 19. 48. Registrar	Address Fales ned Date signed 6 Sept 49



VS

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1600

Dr. Baker 19696

CERTIFICA	IE OF DEATH Reg. Dist. No. 290
A PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta, give residence of mother)
Rate market	State Maryland County duen auce
(If outside city or town limits, write RURAL and give nearest town)	D. + 1/2.
How long in above place of death?	City or town
Hospital Institution, or street address where death occurred:	Street No.
J. C. Torongo	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Sid Scott, (Lot)	BETTY ANN 3. (b) Social Security Number
4. Ses (5. Color or race (6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 50
F Gol	101× 18 18 903 P
	20. DATE OF DEATH Sept 18 1948 1 903 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of Sept - 11-44 6.(c) If alive, give age	and that I last saw h & alive on 9-18
deceased (mo., day, yr.) 2 A.C.F. Years Months Days tf less than one day	Immediate cause of death
6. AGE.	Intea-Carried Hemonthay
hrsmin,	
9. Birthplace Minnered / Arobital Easter	Due to Terratury
(Town, county, and state) md	
10. Usual occupation.	Oue to
11. Industry or business	
12. Name Samuel Scat	Other conditions
12. Name Samuel Scare Md	
	(Include pregnancy within 8 months of death)
14. Malden name Ilda Harkens, 15. Birthplace and and Markens	Major findings of operations
\$ 15. Birthplace Mella aury! 194	- Daty of op.
16. Interment Alamuel Dela	Antopsy result trule a cramial demiral
Address Chilosofille and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 10 119	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Memorial Haspila	Where did Injury occur?
S'to med	Injured at home, tarm, industry, public place (where?)
Location Location	Means of Injury Injured at work?
18. Funeral director. Les Maria Variables	Λ
Address, Easter Mal	Tale Baker M.D
9/101 110 M. MOANING	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address Date signed 9: 27-8



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PLEASE

BINDING

MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEAT	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Maryland County Talbot		
City or town	March and		
How long in a see place of dealh?	(If outside city of town limits, write RURAL and give nearest town)		
memoreal Hopelal, Taston mo	Street No		
Homerong In hospital or institution?	2.(a) If veleran, name war.		
3. (a) FULL NAME O Sarah Elizabeth	3. (b) Social Security Number		
MRS. Clessic DYEVENS			
4. Sex 5. Calb or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
rem- whise widowed	2D. DATE OF DEATH		
6.(b) Name of husband or wife John Edur, Stevens	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) If alive, give ageyears	19 11 18		
7. Birth date of deceased (mo., day, yr.)	and that I last saw h		
8. AGE: Years Ponths Days If less than one day	in fraction 12 hours		
hrs. min.			
9. Birthpiace (Town, county, And state)	Due to Cause de arterio sediano ?		
10. Usual occupation tousework			
11. Industry or business	Due to		
	Other conditions Nagles treus was caudis one lan		
12. Name	(Include pregnancy within 3 months of death)		
14. Maiden name Margarella Leonard	(Include pregnancy within 3 months of death) Major findings of operations		
15. Birthplace Copollegal Corenter	Major madings of operations. Date of op.		
16. Informant Mr. Jan S. Sterens Jon	Antopsy results		
Address ON Lill ma	HYSICIAN: Please underline the cause to which death should be charged statistically.		
17. (Burial, cremation, or remayal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cha mid			
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)		
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?		
18. Funeral director	A 2 X/ 20		
Address Charles Ma	23. SIGNATURE theus the Value on the		
19. 9/20 1.48 N.H. neveres	Carke hay land M. D. or other 21 heft ye		
(Date ref'd by registrar) Registrar	Address Date signed		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 29)

City or lown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md Talbot State Neavitt (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(G) It referan, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
	none		
George M. Thamert 4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	2D. DATE OF DEATH September 2 19 48 at 3:00 Pm		
6.(6) Name of husband or wife Nary C. Thamert 6.(c) If alive, give age 69 year deceased (mo., day, yr.) March 28 1875	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from		
8. AGE: Years Months Days It less than one day	Coronary Throm to sio 2 hrs.		
73 5 5hrsmi			
9. Birthplace	Due to. Conditions Other conditions (Include pregnancy within 3 months of death) Major findings of operations.		
2 15. Birthplace Germany	Bate of op.		
John E. Thamert Address Neavitt Talbot Co. Md.	Actorsy results		
Burial Date Ihereof Sept 4, 194 (Burial, cremation, or removal. Which?) Cemetery or crematory Cemetery Neavitt Maryland			
LUCATION	Meene of Injury Injured at work?		
18. Funeral director Newman & Harrison Addreee St. Michaels Md. 19. (Datyree'd by registrar) 19. (Datyree'd by registrar)	23. SIGNATURE arthur V. Mickelan Trus		

SEP 7 1948

BUREAU V. S.

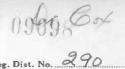
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution or street address obere death occurred:	Street No
How long in houstat or institution?	2.(a) If veteran, name war.
3. (a) FUL NAME William Flames Athering Farmer 4. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
M. W. Ellemi	20. DATE DE DEATH AFTENDO 8 1948 at /2 30 P. M
6.(b) Name of husband or wife See 6. Security 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. 19. 46. 19. 47. 19. 19. 19. 47. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
9. Birthpiace Same Hay Way Ware The Davy	Due to
1D. Usual occupation Peters Garley Carlos Company	Due to
11. Industry or business, 12. Name Jane Jane 13. Birthplace 72.	Diter conditions Debete mellites 10915
14. Maiden name Margart C. Clay Title: 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant	Autopsy results
Address 17. (Burial, cremation, or removal. Which?) Date thereot (plonth) (gay) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	(City or town) (County) (State) Injured at home, tarm, Industry, public place (where?)
Redist Bub.	Means of injury injured at work?
Address Address	23. SIGNATURE M, D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address Santon 2nd - Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09699

CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County. Talbot. City or town Claiborne (If outside city or town limits, write RURAL and give nearest town)		State Maryland county Talbot				
How long in above place of death?		City or town Claiborne. (If outside city or town limits, write RURAL and give nearest town)				
	Hospital, Institution, or street address where death occurred: Claiborne. Md.		Street No(If rural, give LOCATION)			
	low long in hospital or institution?			(irrural, give LOCATION)		
3. (a) FULL NAME					3. (b) Social Security	
100(0)	Lills	Alle	e Tribett		None	Humber
4. Sex 5	. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	white		single			
remote	MILTOG		STUKTE	20. DATE OF DEATHSeptember		
B.(b) Name of husband or	wife	,		21. I CERTIFY that death occurred on the date abo		
7. Birth date of) If alive, give ageyears	and that I last saw halive on		
deceased (mo., day, yr.)	8-		44	Immediate cause of death Convul		
8. AGE: Years	Months	Days	If less than one day			4 7.50
4	1	17	hrsmin.			*** *************************
9. Birthplace Mount Airey, Maryland. (Town, county, end state)		Due to acute intestina	al indi-			
				gestion (toxem:	ia).	***************************************
10. Usual occupation	***************************************			Oue to		
11. Industry or business .	20 A Mar	- 2 h - 4 4			••••••	
				Other conditions	***************************************	***************************************
13. Birthplace 51	13. Birthplace Silverton, West Virginia.			(Inclode pregnancy within 3 n	nonths of death)	
14. Malden name	Edna F	WO.0	d	Major findings of operations	***************************************	
15. Birthplace Ra	dford,	Virgi	nia.		Oate ot op	200000000000000000000000000000000000000
14. Maiden name Rdna R. Wood 15. Sirthplace Radford, Virginia. 16. Informani Lilla Tribett		Autopsy results				
Address Cl	aiborne	Md.				statistically.
17 Burial		Date there	of Sept. 20 148	22, VIOLENCE: If death was due to external cau		
(Burial, cremation, or	removal. Which?)	(month) (day) (year)			
Cemetery or crematory	Olive	Ceme	tery,	Where did injury occur?(City or town)	(Coonty)	(State)
Location	t. Mich	aels,	Maryland.	Injured at home, farm, Industry, public place (wh		***************************************
18. Funeral director NC	rman D	. Mars	hall,	Means of Injury	Injured at work?	
			Maryland.	1 1	-11.00	- 9n A
9.10		11	1 11 111	23. SIGNATURE S. DENN	M. D.	or officer
(Date re'd by regist	rar) 1854.	13.70	elly Seitell. Registrar	Address St Junelia	zels Mybate signed	Sept 18 18

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09700

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLA OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
30. L.	State Maryland County Queen auce	'n
(If outside city or town limits, write RURAL and give nearest town)	to entrevelle	
How long in above place of death? 30 has as mu	(If outside city or town limits, write RURAL and give nearest to	own)
Hospilal, institution, or street address where death occurred: HOSPITAL	Streel No.	
How long in hospital or institution? 30 has 30 mm	(If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	er
Charles E. Ducker		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white marced	20. DATE OF DEATH 9 - 16 - 19 48 at 11	1:40P
6.(b) Name of husband or wife of lovenees Scott Quelear	21. I CERTIFY that death occurred on the date above stated: that I attended deceased fro	nm 19. 48
7. Birth dale of C/A F I C/T live, give age years	and that I last saw h. Am. alive on flo seft	13 . Y.8
deceased (mo., day, yr.) (JCT 3) 18 /	Immediate cause of death Cereter on an lan	DURATION
8. AGE: Years Months Days If less than one day	aci dut	2 degs
76		
9. Birthplace Clutheville Ma	Due to Cliterias eles assos General (2)
(Town, county, and atate)	y Clubal	
1D. Usual occupation.	Due to	
11. Industry or business	Ohmie alelerlem (?	,
12. Name Use Substitute The	Other conditions Chicago Carriera	<i>y</i>
7.44	(Include pregnancy within 3 months of death)	
14. Maiden name Susqua Correctly alliver	Major findiags of operations.	
E 15. Birthplace Centreville The		
16. Informant Dus, Florence South Jul	Autonor Tesults.	
anti-	PHYSICIAN: Please underline the cause to which death should be charged statistic	cally.
Address Charles 149	22. VIOLENCE: If death was due to external causes, tilt in the following:	
(Burial, cremation, or remoral, Which?) Date thereof. (month) (qAy) (year)	Accident, suicide, or homicide	
Cemetery or crematory 6 Kesterfield	Where did Injury occur?	te)
bantroutes. Md	Injured at home, farm, Industry, public place (where?)	-,
Location	Means of injury injured all work?	
18. Funeral director		
Address Centreville, Me.	There The Harrison 4.0).
9/11 48 MA. MOINIA	23. SIGNATURE M. D. or othe	1 1
19	Address. Late signed 17 1	47 48

